

DRUG NAME	MOST COMMON INDICATION	COVERAGE
ARIIXTRA	ANTICOAGULANT	Covered
FRAGMIN	ANTICOAGULANT	Covered
INNOHEP	ANTICOAGULANT	Covered
LOVENOX	ANTICOAGULANT	Covered
ARANESP	BLOOD CELL DEFICIENCY	Covered
EPOGEN	BLOOD CELL DEFICIENCY	Covered
LEUKINE	BLOOD CELL DEFICIENCY	Covered
NEULASTA	BLOOD CELL DEFICIENCY	Covered
NEUMEGA	BLOOD CELL DEFICIENCY	Covered
NUEPOGEN	BLOOD CELL DEFICIENCY	Covered
PROCRIT	BLOOD CELL DEFICIENCY	Covered
ALFERON N	CANCER	Covered
BLENOXANE	CANCER	Covered
BLEOMYCIN	CANCER	Covered
CYTARABINE	CANCER	Covered
DEPOCYT	CANCER	Covered
ELIGARD	CANCER	Covered
ELSPAR	CANCER	Covered
FLOXURIDINE	CANCER	Covered
FUDR	CANCER	Covered
GLEEVEC	CANCER	PA Required
INTRON A	CANCER	Covered
IRESSA	CANCER	Covered
LEUCOVORIN	CANCER	Covered
LEUPROLIDE	CANCER	Covered
LUPRON	CANCER	Covered
LUPRON DEPOT	CANCER	Covered
METHOTREXATE VIAL	CANCER	Covered
MUSTARGEN	CANCER	Covered
NEXAVAR	CANCER	Covered
ONCASPAR	CANCER	Covered
PLENAXIS	CANCER	Covered
REVLIMID	CANCER	Covered
ROFERON-A	CANCER	Covered
SPRYCEL	CANCER	Covered
SUTENT	CANCER	Covered
TARABINE	CANCER	Covered
TARCEVA	CANCER	Covered
TASIGNA	CANCER	Covered
TEMODAR	CANCER	Covered
THALOMID	CANCER	Covered
THERACYS	CANCER	Covered
THIOTEPA	CANCER	Covered
THYROGEN	CANCER	Covered
TRELSTAR	CANCER	Covered
VANTAS	CANCER	Covered
VIDAZA	CANCER	Covered
XELODA	CANCER	Covered
ZOLADEX	CANCER	Covered
ZOLINZA	CANCER	Covered
DDAVP	ENDOCRINE DISORDERS	Covered
DESMOPRESSIN AC	ENDOCRINE DISORDERS	Covered
KUVAN	ENDOCRINE DISORDERS	Covered
OCTREOTIDE	ENDOCRINE DISORDERS	Covered

SANDOSTATIN	ENDOCRINE DISORDERS	Covered
ZAVESCA	ENZYME DEFICIENCIES	Covered
GENOTROPIN	GROWTH DEFICIENCY	PA Required
GENOTROPIN MINIQUICK	GROWTH DEFICIENCY	PA Required
GEREF	GROWTH DEFICIENCY	PA Required
HUMATROPE	GROWTH DEFICIENCY	PA Required
INCRELEX	GROWTH DEFICIENCY	PA Required
NORDITROPIN	GROWTH DEFICIENCY	PA Required
NUTROPIN	GROWTH DEFICIENCY	PA Required
NUTROPIN AQ	GROWTH DEFICIENCY	PA Required
NUTROPIN DEPOT	GROWTH DEFICIENCY	PA Required
OMNITROPE	GROWTH DEFICIENCY	PA Required
SAIZEN	GROWTH DEFICIENCY	PA Required
SEROSTIM	GROWTH DEFICIENCY	PA Required
SOMAVERT	GROWTH DEFICIENCY	Covered
TEV-TROPIN	GROWTH DEFICIENCY	PA Required
ZORBTIVE	GROWTH DEFICIENCY	PA Required
COPEGUS	HEPATITIS C	Covered
INFERGEN	HEPATITIS C	Covered
PEGASYS	HEPATITIS C	Covered
PEG-INTRON	HEPATITIS C	Covered
REBETOL	HEPATITIS C	Covered
RIBAPAK	HEPATITIS C	Covered
RIBASPHERE	HEPATITIS C	Covered
RIBATAB	HEPATITIS C	Covered
RIBAVIRIN	HEPATITIS C	Covered
ACTIMMUNE	IMMUNE DEFICIENCY	Covered
FUZEON	IMMUNE DEFICIENCY	Covered
BRAVELLE	INFERTILITY	Covered
CETROTIDE	INFERTILITY	Covered
CHOREX	INFERTILITY	Covered
CHORIONIC GONAD	INFERTILITY	Covered
FERTINEX	INFERTILITY	Covered
FOLLISTIM AQ	INFERTILITY	Covered
GANIRELIX	INFERTILITY	Covered
GONAL-F	INFERTILITY	Covered
LUVERIS	INFERTILITY	Covered
MENOPUR	INFERTILITY	Covered
NOVAREL	INFERTILITY	Covered
OVIDREL	INFERTILITY	Covered
PREGNYL	INFERTILITY	Covered
PROGESTERONE VIAL	INFERTILITY	Covered
REPRONEX	INFERTILITY	Covered
AMEVIVE	INFLAMMATORY CONDITIONS	Covered
ENBREL	INFLAMMATORY CONDITIONS	PA Required
HUMIRA	INFLAMMATORY CONDITIONS	PA Required
KINERET	INFLAMMATORY CONDITIONS	PA Required
RAPTIVA	INFLAMMATORY CONDITIONS	PA Required
DEFEROXAMINE	IRON TOXICITY	Covered
DESFERAL	IRON TOXICITY	Covered
8-MOP	MISC. SPECIALTY CONDITIONS	Covered
APOKYN	MISC. SPECIALTY CONDITIONS	Covered
PANRETIN	MISC. SPECIALTY CONDITIONS	Covered
PRIALT	MISC. SPECIALTY CONDITIONS	Covered
RILUTEK	MISC. SPECIALTY CONDITIONS	Covered

VIVITROL	MISC. SPECIALTY CONDITIONS	Covered
ACTHAR H.P. GEL	MULTIPLE SCLEROSIS	Covered
AVONEX	MULTIPLE SCLEROSIS	Covered
BETASERON	MULTIPLE SCLEROSIS	Covered
COPAXONE	MULTIPLE SCLEROSIS	Covered
REBIF	MULTIPLE SCLEROSIS	Covered
HEALON	OPHTHALMIC CONDITIONS	Covered
MACUGEN	OPHTHALMIC CONDITIONS	Covered
PROVISC	OPHTHALMIC CONDITIONS	Covered
VITRAVENE	OPHTHALMIC CONDITIONS	Covered
EUFLEXXA	OSTEOARTHRITIS	Covered
HYALGAN	OSTEOARTHRITIS	Covered
ORTHOVISC	OSTEOARTHRITIS	Covered
SUPARTZ	OSTEOARTHRITIS	Covered
SYNISC	OSTEOARTHRITIS	Covered
FORTEO	OSTEOPOROSIS	PA Required
REMODULIN	PULMONARY HYPERTENSION	Covered
REVATIO	PULMONARY HYPERTENSION	Covered
TRACLEER	PULMONARY HYPERTENSION	Covered
VENTAVIS	PULMONARY HYPERTENSION	Covered
PULMOZYME	RESPIRATORY CONDITIONS	Covered
TOBI	RESPIRATORY CONDITIONS	Covered
CELLCEPT	TRANSPLANT	Covered
CYCLOSPORINE	TRANSPLANT	Covered
PROGRAF	TRANSPLANT	Covered
SANDIMMUNE	TRANSPLANT	Covered

Mar-08

Subject to change.

Does not guarantee coverage